

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Irving L. Girshman				2a. CONTACT PHONE NUMBER 415-512-5079			3. CONTACT EMAIL ADDRESS irving.girshman@mto.com								
1b. ATTORNEY NAME (if different) Jonathan H. Blavin				2b. ATTORNEY PHONE NUMBER 415-512-4011			3. ATTORNEY EMAIL ADDRESS jonathan.blavin@mto.com								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Munger Tolles & Olson LLP 560 Mission Street, 27 th Floor San Francisco, CA 94105-3089				5. CASE NAME Maffick LLC v. Facebook Inc.					6. CASE NUMBER 3:20-cv-05222-JD						
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Marla Knox				8. THIS TRANSCRIPT ORDER IS FOR: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL </div> <div> <input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL </div> <div> <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: <u>Do not use this form: use Form CJA24.</u> </div> </div>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
08/27/20	JD	Motion		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE /s/ Jonathan H. Blavin											12. DATE August 28, 2020				

